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FACSIMILE COVER LETTER

To:	Commissioner for Patents Examiner Le, Dieu-Minh T.
Firm:	U.S. Patent and Trademark Office Art Unit 2114
Facsimile:	(571) 273-8300
From:	Thomas F. Presson
Date:	July 27, 2006
Re:	FLH Ref No.: 450100-04654 Serial No: 10/625,144

Number of Pages: 13
(including cover page)

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JUL 2 7 2006

PATENT
450100-04654

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Minoru Kawahara
Serial No.	:	10/625,144
Filed	:	July 23, 2003
For	:	DATA PROCESSING APPARATUS HAVING ERROR CONCEALMENT FUNCTION
Examiner	:	Le, Dieu-Minh T.
Art Unit	:	2114

745 Fifth Avenue
New York, NY 10151
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒   No additional fee is required.
☐   The fee has been calculated as shown below.
☐   This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

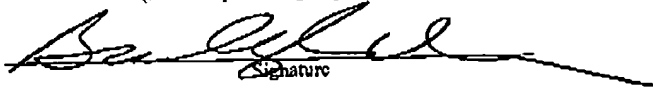| (1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	9	Minus	** = 20	* 0 x	$50 (25)	= $ 0
Independent claims	3	Minus	*** = 3	* 0 x	$200 (100)	= $ 0
			Total additional fee for this amendment			$ 0

*   If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
**   If the highest number of total claims previously paid for is less than 20, write "20" in this space.
***   If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐   This application contains a multiple dependent claim. The required fee of $300 (150) has been previously paid ☐, or is paid herewith ☐.

☐   This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.

☐   A check in the amount of $___ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.

☐   Charge $_____ to Deposit Account No. 50-0320.

☒   Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.
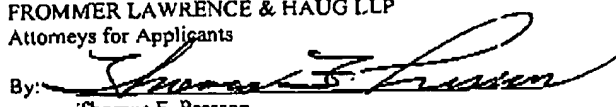
CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on July 27, 2006

Barnet Shindlman
(Name of person signing transmittal)

_____
Signature

July 27, 2006
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: _____
Thomas F. Presson
Reg. No. 41,442

00337243

☑ 003/013

U.S. Patent Application No. 10/625,144
Reply to Office Action dated April 28, 2006

PATENT
450100-0464

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Minoru Kawahara
Serial No.	:	10/625,144
Filing Date	:	July 23, 2003
For	:	DATA PROCESSING APPARATUS HAVING ERROR CONCEALMENT FUNCTION
Art Unit	:	2114
Examiner	:	Le, Dieu-Minh T.
Confirmation No.	:	8275

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AMENDMENT UNDER 37 C.F.R. §1.121

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Non-Final Office Action dated April 28, 2006, having a three-

month statutory period for response set to expire on July 28, 2006, please amend the above-

captioned application as follows.

0033708O

U.S. Patent Application No. 10/625,144   PATENT
Reply to Office Action dated April 28, 2006   450100-04654

Amendments to the Claims are reflected in the listing of claims, which begins

on page 3 of this paper.

Remarks/Arguments begin on page 8 of this paper.

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